



Dear Kirkland Resident:

In response to your inquiry about our low income senior or disabled reduced utility billing rate for city provided water, sewer and solid waste as outlined in KMC 15.24.100 and KMC 16.12.025, we are enclosing an affidavit for qualification.

To qualify you must prove:

- 1) You **or** spouse are 62 years of age or older or disabled.
- 2) If **single** you receive **\$2,637.50** or less gross monthly income.
- 3) If **married** you receive **\$3,012.50** or less gross monthly income.

You will need to **attach the following documents** verifying income:

- 1) The **first page** of your latest 1040 tax return. If you do not file a 1040, please complete the attached senior or disabled Filing Form.
- 2) Attach form SSA-4926SM or SSA-1099 that is sent to you at the beginning of each year from Social Security Administration to tell your benefits for the year.
- 3) If you are a tenant at the property you must submit a copy of the signed lease agreement showing you are the "Lessee". When the lease expires you will be removed from senior discount.

We will process your application when we receive the completed and notarized forms back from you. If you wish to have the forms notarized here, just bring them in with you.

We at the City of Kirkland are glad to see the new low income levels allowing more of our senior or disabled citizens to take advantage of these savings. Should you have further questions, please feel free to call our department at (425) 587-3135.

Sincerely,

City of Kirkland

Utility Billing



**AFFIDAVIT FOR QUALIFICATION FOR LOW INCOME SENIOR or
DISABLED CITIZENS REDUCED UTILITY RATE
(SEC 16.12.025 KIRKLAND MUNICIPAL CODE) ORD NO. 3248**

STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

_____, being first duly sworn on oath desposes and says:
(Name of person making application - **PLEASE PRINT**)

I hereby apply for the Low Income Senior Citizens or Disabled Reduced Utility Billing Rate as authorized by the Kirkland Municipal Code.

1. I reside in a single-family dwelling, located at:

(street address)
2. **Note:** Customer or spouse must be 62 years of age or older or disabled.
 - a. My age at the time of making this affidavit is _____.
 - b. I am married to _____.
(Full name of spouse)
Age of spouse if applicant is not 62 _____.
3. Income received from all sources on a monthly average basis does not exceed:
 - a. **Single** person - **\$2,637.50** gross monthly income
 - b. **Married** couple - **\$3,012.50** gross monthly income
4. **I have attached to this affidavit documents which verify the income level.**

DATED at Kirkland, Washington, this _____ day of _____, _____.

Applicant's Signature

SUBSCRIBED AND SWORN to me this _____ day of _____, _____.

Notary's Signature

Print Notary's Name

Notary Public in and for the State of Washington,

Residing at _____

My commission expires: _____

SENIOR or DISABLED FILING FORM

(if 1040 is not filed)

Please use this form when your only income was from one or more of the sources listed below and you **DO NOT** file a 1040 form. Enter the amount of income for each item listed below.

- | | | |
|----|---|-------------------------|
| 1. | Gross Social Security Income | \$ <input type="text"/> |
| 2. | Gross Wages, Salaries, Tips | \$ <input type="text"/> |
| 3. | Gross Dividend Income | \$ <input type="text"/> |
| 4. | Gross Rental Income | \$ <input type="text"/> |
| 5. | Gross Refund (local income tax) | \$ <input type="text"/> |
| 6. | Gross Interest Income | \$ <input type="text"/> |
| 7. | Gross Retirement Income
(Pensions, annuities, IRA distributions) | \$ <input type="text"/> |
| 8. | TOTAL GROSS INCOME (Add lines 1 - 7) | \$ <input type="text"/> |

If line 8 is less than the Total Gross Income listed below, you qualify for a senior discount with the City of Kirkland.

Single - 62 years of age or older	\$31,650.00 per year
Married - You or your spouse are 62 years of age or older or disabled.	\$36,150.00 per year

SIGNATURE _____

DATE _____